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|) Deduction Act of 1005, on name | U.S. | Patent and Trademark | Office; U.S. DEPARTMEN | MB control number. | | | | |
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| Under the Paperwork Reduction Act of 1995, no person | Application Number | ollection of information unless it displays a valid OMB control num 10/633,410 | | | | | | |
| TRANSMITTAL | Filing Date | August 4, 2003 | <u> </u> | | | | | |
| FORM | First Named Inventor | Stevan P. Tofovic et | Stevan P. Tofovic et al. | | | | | |
| | Art Unit | 1614 | | DA COU | | | | |
| (to be used for all correspondence after initial filing) | Examiner Name | | | CK - 1 | | | | |
| | Attorney Docket Number | 007278-10 | | SE 33 | | | | |
| Total Number of Pages in This Submission | | | | | | | | |
| FIRST Named Inventor Stevan P. Tofovic et al. Art Unit 1614 Examiner Name Attorney Docket Number 007278-10 ENCLOSURES (Check all that apply) After Allowance Communication to 7C | | | | | | | | |
| Fee Transmittal Form | Drawing(s) | | After Allowance Com- | | | | | |
| Fee Attached | Licensing-related Papers | | of Appeals and Interferences | | | | | |
| Amendment/Reply | | | | on to TC Reply Brief) | | | | |
| After Final | Petition to Convert to a Provisional Application | | Proprietary Information | on | | | | |
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| Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | | TECH | I CENTER 1600/2 | | | | |
| SIGNATURE | OF APPLICANT, ATT | ORNEY, OR AG | ENT | | | | | |
| Firm Name The McCallum Law Firm | | | " " | | | | | |
| Signature | N MGO | 7 100 | | · · | | | | |
| Printed name Jennifer M. McCallum | 11. 11. | <u> </u> | | | | | | |
| Date July 6, 2005 | · | Reg. No. 52,492 | 2 | | | | | |
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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

| Application Number | 10/633,410 |
|------------------------|------------------------------------|
| Filing Date | August 4, 2003 |
| First Named Inventor | Stevan P. Tofovic et al. |
| Title | ADMINISTRATION OF ESTRADIOL |
| Art Unit | 1614 |
| Examiner Name | |
| Attorney Docket Number | 007278-10 (Please note new number) |

| I hereby revoke al | I previo | us powers of attorney giv | en in the abo | ove-ide | ntified applic | ation. | | | |
|---|-------------|--|------------------|---------------------|----------------|-------------|------------|---|--|
| I hereby appoint: | | r | | | | | | | |
| ✓ Practitioners as | sociated v | ted with the Customer Number: 36,234 | | | | | | | |
| OR | | L | | | | | | | |
| Practitioner(s) n | amed bel | ow: | | | | | | | |
| | Name | | | Registration Number | | | | | |
| | | | | | <u>-</u> | | <u>.</u> | | |
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| Applicant/Inv | entor. | | | | | | | | |
| | | the entire interest. See 37 CFR FR 3.73(b) is enclosed. (Form | | | | | | | |
| | | SIGNATURE of | Applicant or A | ssignee | of Record | | <u>-</u> . | | |
| Signature | Marc S. | Malandro, Pr.D. | | | | Date | 6-15-05 | | |
| Name | | HI WIL | | | | Telephone | | | |
| Title and Company | Director, | The University of Pittsburgh | | | | | | | |
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